CLAIMS ONLY

Application Number	Filing Date
10709495	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1	1							51						
2		1						52						
3								53						
4								54						
5								55						
6								56						
7								57						
8								58						
9								59						
10								60						
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12								62						
13								63						
14								64						
15	1							65						
16								66						
17								67						
18								68						
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41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
Total Indep	2							Total Indep						
Total Depend	29							Total Depend						
Total Claims	31							Total Claims						